

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

10 589817

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
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45						
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47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55		2				
56						
57	1					
58						
59						
60						
61						
62	1					
63						
64	1					
65						
66						
67	1					
68						
69	1					
70						
71		2				
72		6				
73		6				
74		6				
75		6				
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97						
98						
99						
100						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	76	←		←		←
TOTAL CLAIMS	82					